



ANNUAL REVIEW REQUIREMENTS SHEET FOR FOSTER FAMILY HOMES

State Form 53154 (6-07) / CW 2311

DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The annual review of a foster family home is to be completed within twelve (12) months of the initial licensure date, and within twelve (12) months of each relicensure date.

Date on which annual review is due (month, day, year)

Name of caregiver A		Name of caregiver B	
Signature of licensing staff	Agency (county or LCPS)	Resource number	

SUPERVISOR INITIALS	ANNUAL REVIEW REQUIREMENTS	CAREGIVER A DATE RECEIVED (month, day, year)	CAREGIVER B DATE RECEIVED (month, day, year)	DATE ENTERED IN ICWIS (month, day, year)
	Initial Home Study			
	1. On-site Home Visit			
	2. SF 53186 / CW 3417, Foster Family Home Physical Environment Checklist			
	3. Water Analysis Approval OR Statement of City Water			
	4. SF 53213 / CW 3518, Annual Report Regarding Foster Family Home			
	5. SF 53214 / CW 3519, Licensing Staff Inquiry Regarding Foster Family Home			
	6. SF 47344 / CW 0015, Substitute Care Agreement			
	Training			
	1. Required annual in-service training hours completed			
	Criminal History Background Checks (for all household members, employees, and volunteers)			
	1. SF 46151 / CW 0025, Applicant's Statement of Attestation			
	2. SF 53259 / CW 3610, Application for Criminal History Background Check			
	3. Results of Indiana State Limited Criminal History Information (14 - 17) (including Indiana State Juvenile History)			
	4. Results of City Police Department check (14+)			
	5. Results of County Sheriff's Department check (14+)			
	6. Report of Sex and Violent Offender Registry (14+)			
	7. Results of CPS check for EVERYONE in household, regardless of age			

Date all requirements for annual review are met (month, day, year)

Date submitted to supervisor for review / approval (month, day, year)

Reason for return

Signature of supervisor	Date (month, day, year)
Signature of director or designee	Date (month, day, year)